

City of Gaithersburg • 31 South Summit Avenue • Gaithersburg, Maryland 20877 • Telephone: (301) 258-6330 • Fax: (301) 258-6336

COMMERCIAL/RESIDENTIAL SWIMMING POOL APPLICATION

In accordance with Chapter 24, Article VI and Chapter 5, Article I of the City Code

Maryland State Law requires that commercial building contractors provide a copy of their current state license with this application.

Application No	
Date	
Approvals:	
Code	Date
Zoning	_ Date
Fees:	
Plan Review Fee	
Total Fee	
Application Fee	
Amount Due	

All information requested in this application must be answered completely.

SUBJECT PROPERTY				
Street Address				
Zoning	ŭ			
LotBlock				
Project Name				
APPLICANT				
Name		- Title		
Street Address				Suite No
City		_ State	:	Zip Code
Telephones: Work	Home		After	hours
After hours business contact (name)			Tele	ohone
CONTRACTOR/ENGINEER				
Contractor's Name				
Contractor's Name Contractor's Maryland License Number		Tele	phone	
Contractor's Name Contractor's Maryland License Number Street Address		Tele	phone	Suite Number _
Contractor's Name Contractor's Maryland License Number		Tele	phone	Suite Number _
Contractor's Name Contractor's Maryland License Number Street Address		_ Tele _ State	phone	Suite Number _ Zip Code
Contractor's Name Contractor's Maryland License Number Street Address City		_ Tele	phone	Suite Number _ Zip Code
Contractor's Name Contractor's Maryland License Number Street Address City Engineer's Name		_ TeleState	phone	Suite Number _ Zip Code
Contractor's Name Contractor's Maryland License Number Street Address City Engineer's Name Engineer's Maryland Registration Number		_ Tele	phone	Suite Number _ Zip Code Suite Number _
Contractor's Name Contractor's Maryland License Number Street Address City Engineer's Name Engineer's Maryland Registration Number Street Address City		_ Tele	phone	Suite Number Zip Code Suite Number _
Contractor's Name Contractor's Maryland License Number Street Address City Engineer's Name Engineer's Maryland Registration Number Street Address City PROPERTY OWNER		_ Tele_ _ State _ Tele _ State	phone	Suite Number _ Zip Code Suite Number _
Contractor's Name Contractor's Maryland License Number Street Address City Engineer's Name Engineer's Maryland Registration Number Street Address City PROPERTY OWNER Name		_ Tele State Tele State	phone	Suite Number Zip Code Suite Number Zip Code
Contractor's Name Contractor's Maryland License Number Street Address City Engineer's Name Engineer's Maryland Registration Number Street Address City PROPERTY OWNER		_ Tele_ _ State _ Tele_ _ State	phone	Suite Number Zip Code Suite Number Zip Code

5.	BUSINESS OWNER/OCCUPA	NT							
	Business Name (T/A)						_ Manage	er	
	Business Owner's Name								
									_ Suite No
	City						_ State		_ Zip Code
	Telephones: Work								
6.	PERMIT TYPE (check one)								
	□ COMMERCIAL		RESID BUILE			□ SFR		DUP	☐ TWH
	WORK DESCRIPTION								
	Above Ground		Yes		No				
	Retaining Wall Electrical Alarm		Yes Yes		No No				
	Deck	_	Yes	_	No				
	Fence		Yes		No				
8.	PROJECT DETAIL INFORMA	TION							
	CONSTRUCTION COST								_ (required)
	Total Sq. Ft. of Pool Area					Height of Fence			
	Maximum Depth					Total Length of F	ence		
	Sq. Ft. of Deck								
	Motors/Generators/Air Condi	tionin	g Units	/Heatir	ng/Cool	king Equipment and	Transfori	mers	
	Transformers (1K.W. or 1		•		3	3 1 1			
	Over 1			P (eacl	h)	\$ 15.00			
	Over 2	Over 20HP to 30 HP (each)			\$ 20.00				
	Over 30HP to 50 HP (each)								
		Over 50HP to 75 HP (each)							
	Over 75 HP (each)			\$ 35.00					
NO	TES: This permit will not inclu	ide th	e follov	ving: E	Building	review, Electrical re	eview and	d Mechai	nical review.
							GOMERY	COUNT	TY DEPARTMENT OF HEALTH
	BEFORE THE CITY OF G	AIIH	RSBUR	G WIL	L ISSU	ED THE PERMIT.			
									rue and correct; furthermore,
	ertify that I am the Owner or L ployed in connection with thi								
	horized to make such application			JOIN, C	ina ma	t the proposed wor	K 13 ddill	orized b	y the Owner in ree, and runn
۸۰۰	dicentia Nema (nlessa print)								
App	olicant's Name (please print) _								
App	olicant's Signature						_	Date _	
Day	rtime Telephone						_		
SPF	CIAL CONDITIONS								
_									